

215050882  
72758

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 3

2	Total Number of Vehicles	Local No./ District 183	Agency Case No. B5-112836	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1									
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 12/05/2015		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		(In Military Time)									
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 2004	POLICE NOTIFIED 2005	STATE USE ONLY Amended 12/05/2015									
B	50	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S 70th St / Pioneer Woods Blvd - Holmes Park		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE									
C	4	DISTANCE FROM MILEPOST	FEET	N S E W	OF MILEPOST	HIGHWAY NO.									
D	2	IF AT INTERSECTION		IF NOT AT INTERSECTION											
V1/M	10	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING									
V2/M	01	86.00		X		N curb of S 70th St									
E	2	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN													
F	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO									
G	4	VEHICLE NO. 1													
H	2	DRIVER LICENSE NO.	H13599936	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE									
V1/N	1	DRIVER	TERAN J KEHM		PHONE	4025801641									
V2/N	1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	03/20/1997									
G	4	OWNER	Janet Kehm		PHONE	4024646262									
H	2	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB493732									
V1/O	4	LICENSE PLATE NO.		YEAR (Plate Expires)		STATE (Of Plate)									
V2/O	2	VEHICLE	1997	MAKE	Ford	MODEL	Mustang	BODY STYLE	2 door Sedan	COLOR	black	ESTIMATED DAMAGE	<input checked="" type="radio"/> TOTALED \$		
V1/O	4	VEHICLE ID NO. (VIN)	1FALP404XVF138433		INSURANCE COMPANY		Le Mars								
V2/O	2	TOWED TO	101 Charleston		TOWED BY	Capital Towing		POLICY NO.	CLR0842462						
I	1	VEHICLE NO. 2													
V1/P	1	DRIVER LICENSE NO.	G02047239	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE									
V2/P	1	DRIVER	ALFRED W HILDENBRAND		PHONE	402-488-7202									
V2/P	1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	08/03/1934									
J	01	OWNER	ALFRED W HILDENBRAND		PHONE	402-488-7702									
V1/Q	1	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.									
V2/Q	4	LICENSE PLATE	PA NO.	AHILDY	YEAR (Plate Expires)	2016	STATE (Of Plate)	NE							
V2/Q	4	VEHICLE	2010	MAKE	Ford	MODEL	F150	BODY STYLE	Pickup truck	COLOR	white	ESTIMATED DAMAGE	<input type="radio"/> TOTALED \$ 5000		
K	01	VEHICLE ID NO. (VIN)	1FTFW1EV0AKE49462		INSURANCE COMPANY		State Farm								
K	01	TOWED TO			TOWED BY			POLICY NO.	154 6852-C03-27S						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)													DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
VEH. #	1	NAME	Brittney Robinson 4831 S 65th St, Lincoln, NE 68516				05/10/1999	03	1	09	4	2	F		
VEH. #	1	LOCAL NO.	402-853-6719		MEDICAL FACILITY NAME	BryanLGH Medical Center West (Lincoln General)		EMS SERVICE NAME	Lincoln Fire & Rescue		EMS RUN REPORT NO.				
VEH. #		NAME													
VEH. #		LOCAL NO.			MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.				
VEH. #		NAME													
VEH. #		LOCAL NO.			MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.				

# THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

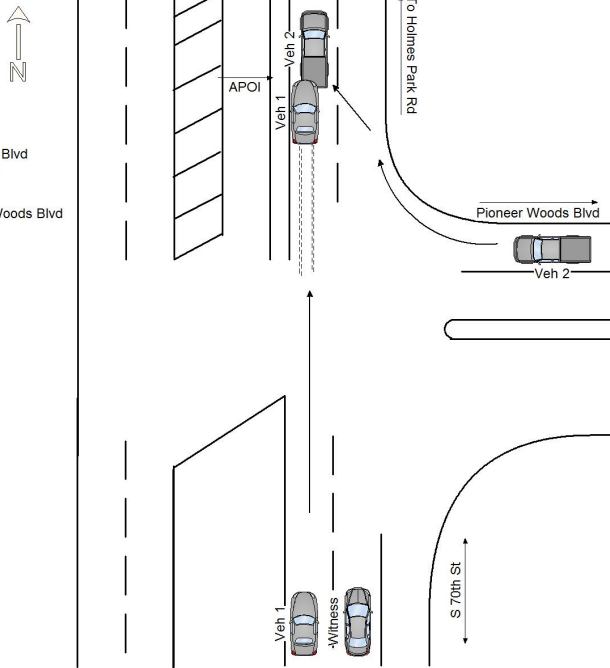
INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B5-112836



Indicate  
North  
by Arrow

APOI:  
86'2" N of N curb of Pioneer Woods Blvd  
17'5" W of E curb of S 70th St  
  
Skid Marks: 112'11"  
Began 19'10" S of N curb of Pioneer Woods Blvd



## DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D2 reported he was NB on S 70th St after turning from Pioneer Woods Blvd in the inside lane when he was rear ended by V1. D2 said he observed V1 traveling NB, however, when he began his turn, V1 was about two blocks south of his location. D1 said he was NB on S 70th St in the inside lane when V2 pulled out in front of him and he collided with the rear of V2. D1 admitted that he was speeding, traveling at approx. 60mph, but not more than 65mph. Witness reported he observed V1 turn onto S 70th St NB from Pioneer Woods Blvd WB and then heard the loud sound of an engine rev up as V1 passed him at a high rate of speed, estimated at 80mph. Witness said he observed V2 turn NB out of Pioneer Woods Blvd into the outside lane, then signal his turn and fully turn into the inside lane before being struck by V1. Ofc. observed skid marks beginning 19'10" S of the N curb of Pioneer Woods Blvd and stretch for 112'11" before V1 collided with V2. Damage to V1 ...

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	Seth M Hicks	8100 Cooper St, Lincoln, NE 68506			4026133415
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS													
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)																				
1	X				S 70th St																								
2	X				S 70th St																								
1	01	06 Turning left																											
2	01	08 Entering traffic lane																											
01 Essentially straight ahead					09 Leaving traffic lane					02 Backing					10 Parked					03 Changing lanes					11 Slowing or stopped in traffic				
04 Overtaking/Passing					12 Other					05 Turning right					13 Unknown														
06 Turning left					07 Making U-turn																								
08 Entering traffic lane																													
09 Leaving traffic lane																													
10 Parked																													
11 Slowing or stopped in traffic																													
12 Other																													
13 Unknown																													
OFFICER NO. 1610					TROOP/TEAM/BEAT 7					DEPARTMENT Lincoln Police Department					Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO														
INVESTIGATOR NAME (Print or Type) Trevor Schmidt					INVESTIGATOR SIGNATURE Approved by Officer Trevor Schmidt					DATE OF REPORT 12/05/2015																			

**72758**

Investigator's Motor Vehicle Accident Description Continuation Report Sheet 3 of 3

Local No./  
District 183

Agency	
Case	
No.	B5-112836

STATE USE ONLY

Amended

DATE OF ACCIDENT (MM / DD / YYYY)

12/05/2015

PLACE OF ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO.

S 70th St / Pioneer Woods Blvd - Holmes Park Rd

was very significant and consistent with the witness report.

OFFICER NO.

1610

TROOP/ TEAM/ BEAT	7
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7

DEPARTMENT

Lincoln Police Department

INVESTIGATOR NAME (Print or Type)

INVESTIGATOR SIGNATURE

Trevor Schmidt

Approved by Officer Trevor Schmidt

DATE OF  
ACCIDENT

12/05/2015